



Quality of Sexual Life in Males with Allergic Rhinitis

Alerjik Rinitli Erkeklerin Cinsel Yaşam Kalitesi

Allergic Rhinitis, Quality of Sexual Life

Gül Soylu Özler¹, Serkan Özler²

¹Mustafa Kemal University, Department of Otorhinolaryngology,

²Antakya State Hospital, Urology Clinic, Hatay, Türkiye

Özet

Amaç: Bu çalışmanın amacı alerjik rinitli erkeklerin cinsel yaşam kalitesini değerlendirmektir. **Gereç ve Yöntem:** 40 deri prick testi ile tanı konmuş alerjik rinitli erkek hasta ile 40 alerjisi olmayan kontrol hastası çalışmayı tamamladı. Olguların cinsel yaşam kalitesi, uluslararası erektil fonksiyon anketi ile değerlendirildi. **Bulgular:** Alerjik rinitli grubun erektil fonksiyon, orgazmik fonksiyon, seksüel istek, ilişki tatmini, genel tatmin skorları kontrol grubuna göre daha düşük idi ($p=0.0001$). **Tartışma:** Alerjik rinitin yaşam kalitesi üzerine olumsuz etkileri vardır. Alerjik rinitin etkin tedavisi ile eşlik eden sosyal, cinsel ve uyku bozuklukları da önlenmiş olacaktır.

Anahtar Kelimeler

Alerjik Rinit (AR); Cinsel Yaşam Kalitesi; Uluslararası Eretil Fonksiyon Anketi

Abstract

Aim: The aim of this study is to evaluate the quality of sexual life of males with allergic rhinitis (AR). **Material and Method:** 40 patients with AR diagnosed with skin prick test and 40 control subjects with no evidence of allergy completed the study. International Index of Erectile Function questionnaire (IIEF) was used to evaluate the quality of sexual life of the subjects. **Results:** The mean scores of erectile function, orgasmic function, sexual desire, intercourse satisfaction and overall satisfaction for AR group were significantly lower than control group ($p=0.0001$). **Discussion:** AR has negative effects on quality of life. The effective treatment of AR by the clinician will also avoid these concomitant social, sexual and sleep disturbances.

Keywords

Allergic Rhinitis (AR); Quality of Sexual Life; International Index of Erectile Function Questionnaire (IIEF)

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Corresponding Author: Gül Soylu Özler, Mustafa Kemal University, Department of Otorhinolaryngology, Hatay, Türkiye.

T.: +90 3262293323 GSM: +905053980778 E-Mail: soylugul@yahoo.com

Introduction

Allergic rhinitis (AR) is a common inflammatory condition of the upper respiratory tract, nasal cavity and eyes affecting up to 20% of the population [1]. AR is characterized by both nasal and ocular symptoms including rhinorrhoea, sneezing, itchy/ blocked nose, sinus pressure, itchy/red eyes, snoring and other sleep problems. AR may be classified as seasonal, perennial, or episodic. In seasonal AR, symptoms occur during exposure to seasonal allergens such as pollen, while in the case of perennial AR, symptoms may last for 2 hours a day and more than 9 months a year. Symptoms in episodic rhinitis occur due to exposure to allergens which are not normally present, including allergens from cats and other pets [2].

Symptoms of AR usually appear before the age of 20, and the bothersome nature of AR symptoms can severely effect daily activities including work performance [3], examination performance [4] and psychosocial well being [5]. Deterioration of quality of life leads to greater loss of productivity and places higher burden on resource utilization [6].

Although several studies have investigated the social and psychological effects of AR, the effects of AR on quality of sexual life has been neglected.

In this study we used the the International Index of Erectile Function questionnaire(IIEF) to evaluate the quality of sexual life of males with AR and compared the results with an age and sex matched group of healthy men.

Material and Method

Study population

40 patients with seasonal AR diagnosed with skin prick test and 40 control subjects with no evidence of allergy completed the study. Males between 20-50 years old; with positive skin prick test; married and able to complete the study were included in the study. The exclusion criterias were: ages below 20 years or over 50 years; single or widowed; lack of mental capacity; previous any other disease; previous sexual or psychiatric disorders; use of any medication; BMI of 30 kg/m² or more; alcohol dependence and smoking. The control group were healthy, adult, married males who have normal otorhinolaryngologic examination. IIEF was used to evaluate the quality of sexual life of the subjects.

Questionnaires

International Index of Erectile Function questionnaire(IIEF)

Quality of sexual life was assessed using the IIEF. This questionnaire has been widely used to evaluate male sexual function. It consists of 15 items grouped into 5 sexual function domains: erectile function (six questions); orgasmic function (two questions); sexual desire (two questions); sexual intercourse satisfaction (three questions); and overall satisfaction (two questions) .Each question was scored from 1 to 5. The individual scores in each domain were rated to indicate the degree of clinical dysfunction; rating numbers were defined as follows: 5= no dysfunction, 4= mild dysfunction, 3= mild-to-moderate, 2= moderate and 1= severe. Lower question scores indicates higher degrees of dysfunction, while higher scores means healthier sexual function.

Study design

This study is carried out by the collaboration of otorhinolaryngology and urology departments. Questionnaires were administered to all participants by a few days at pollination period. Ethics committee approval was obtained and the study was conducted adhering to the Declaration of Helsinki. Informed consent was obtained from all subjects.

Statistical Analysis

Statistical analysis was performed using the SPSS (Statistical Package for the Social Sciences) 13.0 Evaluation for Windows. Normal distribution of continues variables were tested with Kolmogorov-Smirnov test. Chi-square test was used for comparisons between categorical variables. Kruskal-Wallis test and Mann-Whitney U tests were used for continues variables when comparing the groups. The statistically significant level was accepted as a p value<0.05.

Results

Demographic data

Fourty patients with AR and 40 control subjects completed the study. The mean age of AR group was 34.37±6.56, whereas it was 34.07±5.79 for control group. The mean BMI of AR group was 23.42±1.67, whereas it was 23.10±1.37 for control group. The groups were similar in terms of age and BMI (p=0.829,p=0.346).

AR and quality of sexual life

The mean scores of erectile function, orgasmic function, sexual desire, intercourse satisfaction and overall satisfaction are shown in Table 1. The mean scores for AR group were significantly lower than control group(p=0.0001).

Table 1. Scores of IIEF questionnaire for AR group and control group

	AR group	Control group	p
Erectile function	21.85±3.10	25.85±3.30	0.0001
Orgasmic function	8.20±1.32	9.45±0.63	0.0001
Sexual desire	6.25±1.86	9.20±0.91	0.0001
Intercourse satisfaction	10.85±1.68	12.67±1.52	0.0001
Overall satisfaction	7.20±1.28	9.02±0.99	0.0001

Discussion

Allergic rhinitis is a very common condition among general population that impairs social life, sleep quality and psychosocial profile of an individual. Patients with AR have been shown to have sleep disturbances and sleep was significantly more impaired in patients with severe AR than in those with the mild type[7]. In a resembling study, AR have been found to result in sleep disturbances and fatigue and so impact the daily activities of allergic patients[8].

Sexual dysfunction in chronic diseases has recently attracted attention owing to its impact on quality of life. In this study, the scores of erectile function, orgasmic function, sexual desire, intercourse satisfaction and overall satisfaction for AR group were significantly lower than control group, that means AR impaired the quality of sexual life of males negatively. In the literature, there is only one study about sexual life of patients

with AR. Patients with AR had significantly worse sexual function than the non-AR patients[8]. Another study conducted with allergic rhinoconjunctivitis(ARC) patients showed that quality of sexual life in patients with ARC in both men and women were poorer than controls[9].

The effects of vertigo, hearing loss, halitosis and obstructive sleep apnea (OSAS) on sexual health have been previously investigated. In patients with Ménière's disease, erectile dysfunction were reported in men [10]. Similarly, in patients with hearing loss, they found twice the prevalence of erectile dysfunction compared with control subjects [11]. In another study with hearing loss patients, the orgasmic function, sexual desire and overall satisfaction domains were negatively effected whereas the scores for erectile function and intercourse satisfaction were not effected [12]. Also, males with halitosis reported lower scores for all function domains that means poorer sexual life[13]. Moreover, it is reported that OSAS declines quality of sexual life and a significant improvement was detected with apnea treatment[14].

Limitations of our study is that we did not analyze that which symptome especially effected the quality of sexual life of the males with AR. Further detailed studies will be beneficial to the literature.

Conclusion

Allergic rhinitis is a condition that has negative effects on quality of life. The effective treatment of AR by the clinician will also avoid these concomitting social, sexual and sleep disturbances.

Competing interests

The authors declare that they have no competing interests.

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